

**AMENDMENT TRANSMITTAL LETTER**Docket No.
04504/100M693-US2Application No.
09/617,566-Conf. #8355Filing Date
July 17, 2000Examiner
N. S. LevyArt Unit
1616

Applicant(s): Samuel Sawan

Invention: CONTACT-KILLING ANTIMICROBIAL DEVICES

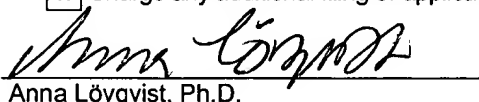
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 25 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Submission of Information Disclosure Statement					655.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					655.00

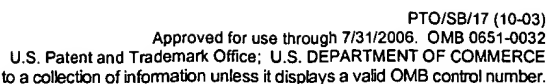
- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 655.00 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Anna Lövgqvist, Ph.D.
Limited Recognition Under
37 C.F.R. 10.9(b) (see attached)
Representative of ApplicantsDARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7714

Dated: April 23, 2004

Express Mail Label No.

Dated: _____



Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	655.00
--------------------------------	-------------	---------------

Compleat if Kn wn

Application Number	09/617,566-Conf. #8355
Filing Date	July 17, 2000
First Named Inventor	Samuel Sawan
Examiner Name	N. S. Levy
Art Unit	1616

Attorney Docket No.	04504/100M693-US2
---------------------	-------------------

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Other	<input type="checkbox"/>	None
-------------------------------------	-------	--------------------------	-------------	--------------------------	-------------	--------------------------	-------	--------------------------	------

☐ Deposit Account:

Deposit
Account
Number

04-0100

Deposit
Account
Name

Darby & Darby P.C.

The Director is authorized to: (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input checked="" type="checkbox"/>	Credit any overpayments
--------------------------	-------------------------------	-------------------------------------	-------------------------

☒ Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$)	0.00
---------------------	-------------	-------------

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims 19 -25** =	 x	 =	0.00
Independent Claims 3 -3** =	 x	 =	0.00
Multiple Dependent			

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)	0.00
---------------------	-------------	-------------

****or number previously paid, if greater. For Reissues, see above**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Ently		Small Ently		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	475.00
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180.00
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)	(\$)	655.00
---------------------	-------------	---------------

SUBMITTED BY

Name (Print/Type) Anna Lövgvist, Ph.D.

Registration No.
(Attorney/Agent)

See Limited Recognition

(Complete (if applicable))

Telephone (212) 527-7700

Signature

Date	April 23, 2004
------	----------------

Express Mail Label No.

Dated: _____



Application No. (if known): 09/617,566

Attorney Docket No.: 04504/100M693-US2

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV 418264304US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 23, 2004
Date

A. Stantini

Signature

A. Stantini

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Check No. 4764 for \$655.00

Petition for Extension of Time (3-Months) (1 page)

Amendment Transmittal (1 page)

Amendment in Response to Non-Final Office Action (12 pages) with Tab 1:

Graphical representation of photographs (1 page)

Declaration of Samuel P. Sawan (5 pages) with Tab 1: Product Description (11 pages) & Tab 2: Original Photographs (Figs. 3A-3C)

Supplemental Information Disclosure Statement (2 pages)

Limited Recognition under 37 C.F.R. 10.9(b) (1 page)

Form PTO/SB/08A (1 page)

Two (2) References

Return Receipt Postcard